

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # **10 772393**

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

9

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Repln. Ref: 07/11/2005 PKIDWELL 0013255200  
DOB: 125117 Name/Number: 10522393  
PHONE: \_\_\_\_\_

\$250.00 CR

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*